



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT INSTRUCTION SHEET

When to Apply

The Tournament Director or organizer must submit the *Application for Permit to Hold Amateur Boxing Event* and supporting documentation listed below **at least 15 days before the event**. Before applying for a Permit, you must obtain a Delaware business license from the Division of Revenue.

Applying for a Permit (Part B of the Rules and Regulations)

- ☐ Submit completed, signed and notarized [application form](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose a copy of insurance certificate covering the venue for the event.
- ☐ If the event is not sanctioned by the Mid-Atlantic Boxing Association, complete and enclose *Bond Form* following instructions on the form.
 - The Division of Professional Regulation determines the amount of the bond.
 - The surety company must be authorized to do business in Delaware.
- ☐ Enclose approval form/letter provided by sanctioning organization.
- ☐ Send the application, fee and supporting documentation **to the attention of Combative Sports** at the address above.



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PERMIT FEE: \$153.00

ATTACH CHECK OR MONEY ORDER MADE PAYABLE
TO THE "STATE OF DELAWARE" TO APPLICATION.

(FOR OFFICIAL USE ONLY)

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APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT

The tournament director/organizer must complete this application form. The Division of Professional Regulation must receive all of these items no later than 4:30 PM 15 full working days before the event:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

TOURNAMENT DIRECTOR/ORGANIZER INFORMATION

Business Name of Director/Organizer			Delaware Business License #		
Business Street Address		City		State	Zip Code
Tournament Director/Organizer Last Name		First Name	Middle Initial	Social Security Number	
Street Address					
City			State	Zip Code	
Phone		Fax Number		Email Address	
Do you have a certificate of insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide a copy of certificate of insurance covering the scheduled event.					
Is the event sanctioned by the Mid Atlantic Boxing Association? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, the tournament director/organizer is required to post a bond, the amount to be determined by the Division of Professional Regulation.					
If a bond is required, complete the items below. The surety company must be authorized to do business in Delaware. Attach <i>Bond Form</i>.					
Surety Company Name		Phone		Amount Of Surety Bond	
Street Address		City		State	Zip Code

CONTINUE TO PAGE 2

APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT
PAGE 2

EVENT INFORMATION

Name Of Event			Are any championship/title bouts included in this event? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify which bouts this includes: _____ _____ _____		
Street Address Of Location For Event			City	State	Zip Code
Location Contact Last Name	First Name	Middle Initial	Title	Phone	
Date Of Event (MM/DD/YYYY)		Time Of Event			
What is the building seating capacity?		Is there an entrance fee for the spectators? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter entrance fee amount: _____			
Is event sanctioned by Mid-Atlantic Boxing? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter date sanction received (MM/DD/YYYY): _____					
If not sanctioned by Mid-Atlantic Boxing, is the event sanctioned by another organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter the following information about the organization <u>and</u> submit a copy of its official rules. Name of Organization: _____ Contact Person: _____ Phone: _____ Date Sanction Received (MM/DD/YYYY): _____					
Attach approval form/letter provided by sanctioning organization.					

ALTERNATE EVENT INFORMATION

A permit is granted *only* for a specific event on a specific date at a specific time and at a specific location.

Complete this section to request pre-approval for **one** alternate date/time or location for the event above if postponement is necessary.

You must immediately notify the Division of Professional Regulation in writing if you must utilize the alternate date/time or site.

Name Of Event					
Street Address Of Location For Event			City	State	Zip Code
Location Contact Last Name	First Name	Middle Initial	Title	Phone	
Date Of Event (MM/DD/YYYY)		Time Of Event			
What is the building seating capacity? _____		Is there an entrance fee for the spectators? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter entrance fee amount: _____			

CONTINUE TO PAGE 3

APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT
PAGE 3

TOURNAMENT DIRECTOR/ORGANIZER HISTORY

Have you ever held a license/permit related to boxing in any jurisdiction? ☐ YES ☐ NO **If yes, list all licenses:**

License Number	City	State
License Number	City	State
License Number	City	State
License Number	City	State

Are you currently registered by the Mid-Atlantic Boxing Association or other boxing organizations? ☐ YES ☐ NO **If yes, list all:**

Organization	Location	Registration Number
Organization	Location	Registration Number
Organization	Location	Registration Number

Have you ever been subject to disciplinary action by any athletic commission or by any boxing licensing authority in any jurisdiction? ☐ YES ☐ NO **If yes, explain here and provide supporting information and/or documentation including a copy of the disciplinary decision or order:** _____

SAFETY EQUIPMENT

All contestants are required to wear safety equipment. Describe the safety equipment that each contestant will utilize. You may attach additional sheets if necessary. _____

CONTINUE TO PAGE 4

**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT
PAGE 4**

PHYSICIAN INFORMATION

Last Name	First Name	M.I.	Delaware Physician License #	
Street Address		City	State	Zip Code
Has the sanctioning body approved the physician? <input type="checkbox"/> YES <input type="checkbox"/> NO				
State the physician's experience related to boxing competitions: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____				

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is expressly authorized to apply for a Permit to hold an amateur boxing event on behalf of the business entity/individual indicated _____. The undersigned further deposes and says that he/she has read and reviewed the information provided in the *Application for Permit to Hold Amateur Boxing Event* and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed or permitted is grounds for DENIAL or REVOCATION OF PERMIT.

_____ Name of Firm/Individual/Applicant	_____ Date
By: _____ Name/Title	
State of _____)	
County of _____)	

SUBSCRIBED and SWORN to before me this _____ day of _____, 2_____,

Signature of Notary Public
My Commission expires: _____

**APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE, NOT NOTARIZED OR NOT ACCOMPANIED BY THE
REQUIRED PROCESSING FEE WILL BE REJECTED.**

THE DIVISION RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION

**More information, including the Rules and Regulations for Boxing Events, is available on the
Division of Professional Regulation's website at dpr.delaware.gov.**



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BOND FORM FOR COMBATIVE SPORTS EVENTS

Instructions

- If Principal is a partnership, state all partners at beginning of Bond. All partners must sign the Bond.
- If Principal is a corporation, the president or vice-president **must** sign for the corporation. The secretary, assistant secretary, treasurer or assistant treasurer must attest their signatures.
- The Corporate Surety, if signing by an Attorney In Fact, must attach to the Bond a Power of Attorney bearing a certification date the same as, or after the date of the Bond.
- For out-of-state corporate sureties signed outside of the State of Delaware, a Qualified Delaware Resident Agent must countersign the Bond.

Enclose bond with the permit application and send it to "Combative Sports" at the address above.

BOND MUST BE ON FILE WITH THE DIVISION BEFORE PERMIT IS ISSUED

Know all men by these presents, that we _____ (Name of Promoter)
of _____ (Address,
City, State, Zip), hereinafter referred to as the principal, and _____ (Bonding Co.-
Surety), a corporation organized and existing under the laws of the State of _____ and authorized to do
business in the State of Delaware, as surety, are held and firmly bound unto the State of Delaware and the Division of
Professional Regulation herein after referred to as obligee, in the sum of \$ _____ lawful money of the United
States of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors,
administrators, successors and assigns, firmly by these presents.

The condition of this obligation is such, that whereas, the principal has made application for a permit to the obligee for the
purpose of a **Combative Sports Event**.

**This bond shall be conditioned upon the faithful performance by the promoter of his obligations under
Combative Sports Rules and Regulations of the State of Delaware promulgated pursuant to 24 Del. C. §103(b)(1),
including, but not limited to, the fulfillment of his contractual obligations to contestants, managers and other
licensees and the payment of all license and permit fees.**

Now, therefore, if the principal shall faithfully comply with all laws, ordinances, rules and regulations which have been or
may hereafter be in force concerning said registration, and shall save and keep harmless the obligee from all loss or
damage which it may sustain or for which it may become liable on account of the issuance of said permit to the principal,
then this obligation shall be void; otherwise, to be and remain in full force and effect.

Any proceeding legal or equitable, under this Bond may be brought in any court of competent jurisdiction in the State of
Delaware. Notices to Surety and Principal may be mailed or delivered to them at their respective addresses shown below.

This bond will expire on _____ (Date), but may be continued by continuation certificate signed by principal
and surety. The surety may at any time terminate its liability by giving thirty (30) days written notice to the obligee, and
the surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hand and seals, and such of them as are
corporations have caused their corporate seal to be hereto affixed and these presents to be signed by their duly
authorized offices

Signed, Sealed and Dated this _____ day of _____, 2_____.

PRINCIPAL

(If Principal is a corporation, the president or vice-president must sign for the corporation.)

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

(If Principal is a corporation, the secretary, treasurer or their assistants must attest the signatures above.)

By: _____

Name: _____

Title: _____

Address: _____

BONDING COMPANY

(If signed by an Attorney In Fact, attach Power of Attorney.)

EIN (Federal ID Number): _____

Surety: _____

By: _____

By: _____

Name: _____

Name: _____

Address: _____

Address: _____

QUALIFIED DELAWARE RESIDENT AGENT

(This is required if out-of-state corporate surety signed outside of the State of Delaware.)

By: _____

Title: _____

APPROVAL OF BOND

This bond form is approved as to form and legality by:

Division of Professional Regulation on _____ (Date) by _____, **Director**